Name in Full: James William Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Easton — County: Talbot

Date of death: Month: Nov — Day: 19 — 1904

Age: Years: 4 — Months: 6 — Days:

Sex: Male — Color or Race: Negro — Birthplace: Md

Occupation: None — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Brown — Father's Birthplace: Md

Mother's Maiden Name: Ella Williams — Mother's Birthplace: Md

Name of person giving information: Thomas Brown — How related to deceased: father

CAUSES OF DEATH

Primary:

How long:

Immediate: Burns shot out — How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Tippe

Address: Easton Md

Accident or ~~Suicide~~? Murder

LIBRARY BUREAU A66616

Name in Full: John. Burke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Royal Oak — County: Talbot

Date of death 190 4	Month	Day	Years	Months	Days
	Nov	14	Age 19	—	—

Sex	Color or Race	Birthplace
Male	Colored	Deep Neck

Married, Single or Widowed: — Occupation: Laborer

Name of Wife or Husband:

Father's Name	Father's Birthplace
John W. Burke	Deep Neck
Mother's Maiden Name	**Mother's Birthplace**
Ellen Thomas	Perry Neck
Name of person giving Information	**How related to deceased**
Thos H G. Burke	Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

	How long
Primary: Consumption	4 months
Immediate: Gradual failure of vital powers	How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml C Snipes

Address: Royal Oak Md

Accident or Suicide? —

LIBRARY BUREAU A28818

Name in Full: Ida Butler

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) St. Michaels (County) Talbot

Date of death 190 4 (Month) Nov (Day) 23 (Years) Age 25 (Months) — (Days) —

Sex: Female | Color or Race: White | Birthplace: Baltimore Co. Md

Occupation: House-work | Where Residing if not at place of death: —

Married, Single or Widowed: married | Name of Wife or Husband: Walter L. Butler

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob. Crone | Father's Birthplace: York. Pa

Mother's Maiden Name: Mary Davis | Mother's Birthplace: Baltimore Md

Name of person giving information: Jacob Crone | How related to deceased: Father

CAUSES OF DEATH

Primary: Typhoid Fever | How long: 3 weeks

Immediate: Asthenia and Heart-failure | How long: 48 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Ellen Cleary

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chappel — County: Talbot

Date of death: Month: Nov — Day: 3 — 1904

Age: Years: 75 — Months: ? — Days: ? —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: House Wife — Where Residing if not at place of death: Chappel, Md.

Married, Single or Widowed: Married — Name of Husband: James Cleary

Father's Name: — McCarty — Father's Birthplace: Ireland

Mother's Maiden Name: ? — Mother's Birthplace: Ireland

Name of person giving Information: James Cleary — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis. (Mitral Valve) — How long: Not known.

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Davidson

Address: Easton, Md.

Accident or Suicide?

LIBRARY BUREAU A68016

Name in Full: Wm Henry Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death 1904 — Month: Nov — Day: 12 — Age: Years: 2 — Months: 6 — Days: 0

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: None — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John T. Cooper — Father's Birthplace: Md

Mother's Maiden Name: Margaret E. Johns — Mother's Birthplace: Md

Name of person giving information: John T. Cooper — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis acute — How long: 2 mos

Immediate: Exhaustion — How long: a few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. R. Tuttle M.D.

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Cordelia Davison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: Month: 1904 Nov.; Day: 30; Years: Age —; Months: 3; Days: —

Sex: Female; Color or Race: Negro; Birthplace: Easton Md

Occupation: Infant; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Perry Davison; Father's Birthplace: Easton, Md.

Mother's Maiden Name: Annie Rakes; Mother's Birthplace: Trappe, Md.

Name of person giving Imformation: Paul. Rakes; How related to deceased: Grandfather

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 2 Mos—

Immediate: I saw the Baby 2 mos. ago & only then as do not Know Immediate Cause of Death; How long: Nat Known

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. T. Davidson

Address: Easton, Md—

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Lucien Derry

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Michaels — County: Talbot Co.

Date of death 190 4 — Month: Nov. — Day: 25 — Age — Years: 78 — Months: 4 — Days: 3

Sex: Male — Color or Race: Negro — Birthplace:

Married, Single or ~~Widowed~~: Married — Occupation: Plasterer

Name of Wife or ~~Husband~~: Mary Davis

Father's Name: Dickey Derry — Father's Birthplace: St. Michaels

Mother's Maiden Name: Milly — Mother's Birthplace: St. Michaels

Name of person giving Information: Mary Davis — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Family Kidney — How long: about 1 yr

Immediate: Uremic poisoning. 120 — How long: few weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R A Dodson

Address: St. Michaels Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A6581B

Name in Full: Rufus Trampton

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Trappe County: Talbot

Date of death: Month 11 Day 29 1904 Age: Years 67 Months 5 Days 25

Sex: Male Color or Race: White Birthplace: Talbot Co. Md

Occupation: Farmer Where Residing if not at place of death: —

Married, Single or Widowed: Widowed Name of Wife or Husband: ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bennett Trampton Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Frances Townsend Mother's Birthplace: Talbot Co. Md

Name of person giving Information: Richard Trampton How related to deceased: Brother

CAUSES OF DEATH

Primary: Pneumonia How long: 7 days

Immediate: Heart Exhaustion How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross MD

Address: Trappe, Talbot Co. Md

Accident or Suicide? —

93

LIBRARY BUREAU A55918

Name in Full: J. Wisley Gardner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St. Michaels — County: Talbot

Date of death 1904 — Month: Nov. — Day: 21 — Age — Years: 43 — Months: 1 — Days: 8

Sex: Male — Color or Race: White — Birthplace:

Married, Single, or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Mary F Gardner

Father's Name: Edwards Gardner — Father's Birthplace: Talbot Co

Mother's Maiden Name: Nancy Bartlett — Mother's Birthplace: Talbot Co

Name of person giving Information: Mrs W Fantom — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlarged Heart — How long: Several Yrs

Immediate: Heart Failure, — How long: few wks,

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. U. Dodson

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A32516

Name in Full: Mary Gould

CERTIFICATE OF DEATH

MARYLAND

Died at Town: St Michaels — County: Talbot

Date of death: Month 11 Day 1 1904 — Age: Years 104 Months Days

Sex: Female — Color or Race: Colored — Birthplace: Talbot Co

Occupation — Where Residing if not at place of death: Near St Michaels

Married, Single or Widowed: Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Daughter — How related to deceased

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age General Debility — How long

Immediate: heart failure — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J C D Davis

Address: St Michaels Md

~~Accident~~ or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Rosa A. Grace

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St. Michaels — County: Talbot

Date of death 1904 — Month: Nov. — Day: 12. — Age — Years: 12. — Months: 0 — Days: 0

Sex: Female — Color or Race: Colored — Birthplace: St. Michaels

Occupation: None — Where Residing if not at place of death: St Michaels

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Saml A. Grace. — Father's Birthplace: St Michaels

Mother's Maiden Name: Mary H. Storey — Mother's Birthplace: Somerset Co.

Name of person giving Information: Saml A Grace. — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis & Heart Disease — How long: 2 years

Immediate: Dropsy — How long: 3 Months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. H. Eccles M.D.

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

Isaac Harris

Died at Town Oxford County Talbot MARYLAND

Date 1904 Month Nov. Day 27 | Age Y. about 70 M. D. | Native of Talbot | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband ~~Wife~~ of Harriet Myrick

Father's Name ——— Mother's Maiden Name ———

Cause of Death: Primary Apoplexy. 1423 How long sick 4 Hrs

Immediate General Debility

~~Accident, Suicide, Homicide~~

Reported by J. S. Gannon MD

Address Oxford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70699

Name in Full: John C Herbert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hopkins | County: Talbot

Date of death 190 4: Month: Jan | Day: 11 | Age: Years: 63 | Months: — | Days: —

Sex: Male | Color or Race: Negro | Birthplace: Talbot Co

Married, Single or Widowed: Single | Occupation: Farmer

Name of Wife or Husband:

Father's Name: Dont Know | Father's Birthplace:

Mother's Maiden Name: Dont Know | Mother's Birthplace:

Name of person giving information: Rebecca Herbert | How related to deceased: Talbot

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ptomaine poison | How long: 1 day

Immediate: Asthenia | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml C Tippett

Address: Royal Oak Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A99516

Name in Full: Elisha Emerson Hubbard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emerson; County: Talbot

Date of death: Month: Nov; Day: 27; 1904

Age: Years: 68; Months: 7; Days: 23

Sex: Male

Color or Race: White

Birthplace: Caroline Co

Occupation: Clerk

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Elisha E. Hubbard

Father's Birthplace: Caroline Co

Mother's Maiden Name: Sarah Worthy Towers

Mother's Birthplace: Caroline Co

Name of person giving Information: E. C. Hubbard

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflamed Throat

How long: 16 days

Immediate: Pneumonia

How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas Sherwood

Address: Emerson, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Hayneon 29

Name in Full: Thomas R Hunt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bozman; County: Talbot

Date of death: 1904 Month: Nov Day: 17

Age: Years: 35 Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Bozman

Occupation: Lumber Merchant

Where Residing if not at place of death: Bozman

Married, Single or ~~Widower~~: Widower

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levin Hunt

Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Marshall

Mother's Birthplace: Md

Name of person giving information: J C Marshall

How related to deceased: Cousin

166

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Due to an accident by being Thrown out of his Carriage + fracturing his Skull fractured + Internal injury

How long: 3 hours

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J C M Davis

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Thomas Nicols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oxford Neck — County: Talbot

Date of death 1904: Month: Nov. — Day: Fri 25 — Age: Years: 52 — Months: — Days: —

Sex: Male — Color or Race: Cold — Birthplace: Oxford Neck

Married, Single or Widowed: Married — Occupation: Farm Work

Name of Wife or Husband: Jane Nicols

Father's Name: Thos W Nicols — Father's Birthplace: Talbot Md

Mother's Maiden Name: Carrie Nicols — Mother's Birthplace: Talbot Md

Name of person giving In formation: Gaston Gray — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: One year

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Stevens

Address: Oxford

~~Accident or Suicide?~~ no

LIBRARY BUREAU A88316

Name in Full: Margaret Ann Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) St. Michaels (County) Talbot

Date of death	Month	Day	Years	Months	Days
1904	11	12	Age 74	6	4

Sex: Female | Color or Race: White | Birthplace: Fredericksburgh Md

Occupation: House-work | Where Residing if not at place of death:

Married, Single or Widowed: married | Name of Wife or Husband: Jas. Richardson

Father's Name: Jno Willoughby | Father's Birthplace: Fredericksburgh Md

Mother's Maiden Name: Can not ascertain | Mother's Birthplace: Fredericksburgh Md

Name of person giving Information: Jas. Richardson 42 | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Uterus | How long: 2 yrs

Immediate: Asthenia and Hemorrhage | How long: 6 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Sarah Jane Scott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton | County: Talbot

Date of death 190[illegible]: Month: Nov | Day: 8 | Age: Years 60 + | Months | Days

Sex: Female | Color or Race: White | Birthplace: Delaware

Occupation: Housewife | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: Henry Scott | Father's Birthplace: Md (?)

Mother's Maiden Name: Margaret Sewell | Mother's Birthplace: Del (?)

Name of person giving Information: Mrs Mary Scott | How related to deceased: Sister

60

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia | How long: 1½ yrs.

Immediate: Chronic Nephritis | How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A. Gunby

Address: Easton

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Harriet A. Tilghman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Royal Oak. County: Talbot.

Date of death: Month: Nov. Day: 26. 1904 Years: 68 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Talbot Co.

Occupation: Where Residing if not at place of death: Royal Oak.

Married, Single or Widowed: Name of Wife or Husband: None —.

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease (Mitrale Regurgitation) How long: For years.

Immediate: Heart Failure. How long: Short time.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. H. Eades M.D.

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margrate Tull

CERTIFICATE OF DEATH

MARYLAND

Died at: Wittman — County: Talbot

Date of death: 1904 — Month: Nov — Day: 14 — Years: Age 63 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Delaware

Occupation: Housework — Where Residing if not at place of death: Wittman

Married, Single or Widowed: Widow — Name of Wife or Husband: Samuel Tull

Father's Name: Ruth Lyons — Father's Birthplace

Mother's Maiden Name: Ruth Simmons — Mother's Birthplace

Name of person giving information: Joseph Tull — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 6 H & hours

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. B. Tull

Address: St. Michaels Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A66618

Name in Full: Horace Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boyd — County: Talbot

Date of death 1904: Month: 1 — Day: — — Age: Years: 82 — Months: 3 — Days: 10

Sex: Male — Color or Race: [illegible]gro — Birthplace: Talbot Co

Occupation: Driver — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Catherin Turner

Father's Name: Emory Turner — Father's Birthplace: not known

Mother's Maiden Name: Caroline Tilghman — Mother's Birthplace: not known

Name of person giving Imformation: Horace Turner — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure — How long:

Immediate: Same — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E P Sparks

Address: St Michaels

Accident or Suicide? Neither

LIBRARY BUREAU A6581S

Name in Full: John Henry Turner

CERTIFICATE OF DEATH

MARYLAND

Died near — Town: Trappe — County: Talbot

Date of death: Month: 11 — Day: 3 — Years: 50 — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Talbot Co, Md

Occupation: Laborer — Where Residing if not at place of death:

~~Married~~ ~~Single~~ or Widowed: Widowed — Name of Wife or Husband: ~~—~~

Father's Name: ~~—~~ — Father's Birthplace:

Mother's Maiden Name: Harriet Turner — Mother's Birthplace: Talbot Co, Md

Name of person giving Information: Wilbert Askins — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: —

Immediate: Coma — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A66316